THE SUBCOMMITTEE FOR DOSE RECONSTRUCTION REVIEW OF THE ADVISORY BOARD ON RADIATION AND WORKER HEALTH NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH CENTERS FOR DISEASE CONTROL AND PREVENTION

Summary Minutes of the Second Meeting February 7, 2007

The Second Meeting of the Subcommittee for Dose Reconstruction Review (the subcommittee) of the Advisory Board on Radiation and Worker Health (ABRWH or the Board) was held at the Cincinnati Marriott Northwest in Mason, Ohio on February 7, 2007. The meeting was called to order by **Dr. Lewis Wade**, the Designated Federal Official, Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH), the agency charted with administering the ABRWH. These summary minutes, as well as a verbatim transcript certified by a court reporter, are available on the internet on the NIOSH/Office of Compensation Analysis and Support (OCAS) web site located at www.cdc.gov/niosh/ocas.

Those present included the following:

Subcommittee Members:

Mr. Mark Griffon, Chair; Mr. Bradley Clawson (Alternate); Mr. Michael Gibson (telephonically); Dr. John Poston (joining late); Mr. Robert Presley (Alternate); Ms. Wanda Munn.

Designated Federal Official: Dr. Lewis Wade, Executive Secretary.

Federal Agency Attendees:

Department of Health and Human Services:

Mr. Larry Elliott, Mr. Stuart Hinnefeld (NIOSH).

Contractors:

Dr. Hans Behling, Ms. Kathy Behling (telephonically); Dr. John Mauro, Sanford Cohen & Associates.

Other Participants:

Dr. Paul Ziemer, Chairman of ABRWH.

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Opening Remarks

Dr. Lewis Wade,
NIOSH

Dr. Wade called to order the second meeting of the Subcommittee for Dose Reconstruction. **Mr. Mark Griffon** was introduced as Chair, with membership including **Mr. Michael Gibson**, attending telephonically; **Dr. John Poston**, who would be arriving late; and **Ms. Wanda Munn**. Alternates are **Mr. Brad Clawson**, who was asked to participate in Dr. Poston's absence, and **Mr. Robert Presley.**

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Agenda Outline

Mr. Mark Griffon, Chair

Mr. Griffon outlined his agenda for the meeting to include refining the selection of cases for the seventh round of dose reconstruction reviews; updates on the fourth set matrix and status of the fifth and sixth set reviews, and a discussion of establishing protocol for blind case reviews.

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Mr. Griffon reminded the members of the additional information they had requested NIOSH provide on cases available for selection, in an effort to refine that selection and avoid repeatedly reviewing cases with the same or similar issues. NIOSH had been provided with a preliminary set of cases and had searched the claimant files for additional information on methods for internal and external dose reconstruction, work area, et cetera.

A matrix reflective of that additional information was provided, and **Mr. Griffon** noted in the second part of the document were some cases he had added from the pool. A discussion with **Mr. Stu Hinnefeld** from NIOSH had indicated the current selection could fall short of the 20 cases desired as a result of the expanded parameters.

Mr. Griffon presented his recommendation from the first pre-selected set identified in December, 2006 as follows:

No. 079, Nervous system; Los Alamos National Laboratory
No. 063, Liver; Oak Ridge National Laboratory (X-10)
No. 455, Other respiratory; Savannah River Site

No. 335, Urinary organs, excluding bladder; Mound Plant
No. 337, Lung, Bladder; Lawrence Livermore National Laboratory
No. 322, Stomach; Kansas City Plant
No. 375, Non-melanoma skin, Squamous and Basal cells; Pinellas
No. 017, Lung; Pacific Northwest National Laboratory
No. 306, Lung; Mound Plant

From the second pre-selected set in January, 2007:

No. 428, Lung, Savannah River Site
No. 377, All male genitalia, urinary organs (excl. bl.); Y-12, K-25
No. 379, Urinary organs (excl. bl.), breast; Savannah River Site
No. 470, All male genitalia, pancreas; Savannah River Site
No. 370, Lung; Hanford
No. 352, Lung, Hanford
No. 340, Breast; Hanford, Pacific Northwest National Laboratory
No. 360, Nervous system; Simonds Saw & Steel Co.
No. 058, Lung; Rocky Flats Plant
No. 421, Lymphoma & multiple myeloma; Savannah River Site
No. 001, All male genitalia; Portsmouth Gaseous Diffusion Plant

A discussion ensued related to job titles, work areas, methodologies used, and type of work done in more unfamiliar sites. There was general agreement the choice of cases comprising the first 20 was satisfactory.

Mr. Griffon indicated he had noted some potentially additional cases, and subcommittee members discussed and suggested possible selections, which included:

No. 028, All male genitalia; Oak Ridge (K-25 and X-10)*
No. 076, Lung, esophagus; Pinellas Plant
No. 099, All male genitalia; Project Gnome nuclear explosion site
No. 056, All male genitalia, Los Alamos National Laboratory
No. 302, Non-melanoma skin, Basal cell & other resp.; Huntington PP*
No. 354, Lung; Aliquippa Forge
No. 013, Pancreas; Brookhaven National Laboratory
No. 315, Urinary organs (excl. bl.), acute myeloid leukemia; SRS*
No. 342, Lung; Savannah River Site*
No. 060, Non-melanoma skin, Basal cell; Paducah Gaseous Diffusion Pl.
No. 174, All male genitalia, Oak Ridge Y-12 Plant*
No. 344, Urinary organs, excluding bladder; Hanford
No. 166, Eye; Oak Ridge Gaseous Diffusion Plant (K-25)
No. 100, All digestive; Hanford, Idaho National Laboratory

Discussion among the members resulted in elimination of Nos. 028, 302, 315, 342 and 174.

It was agreed the remaining cases would be presented to the Board as the subcommittee's recommendation of cases for the seventh round of dose reconstruction reviews.

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Status of Ongoing Reviews

Mr. Griffon reported he had updated the matrix on the fourth set of reviews, adding a resolution column. He intended to meet with **Mr. Hinnefeld** to resolve a couple of questions, and would distribute that document to the subcommittee members afterward. He planned to schedule another subcommittee meeting before the next full Board meeting so they could have a full day to work through a resolution of the findings.

Ms. Kathy Behling from SC&A confirmed she had provided **Mr. Griffon** with a matrix on the fifth set of reviews, but had not yet provided it to NIOSH as she was awaiting direction from **Mr. Griffon**.

Mr. Griffon agreed to review that quickly and get in touch with her so that it can be provided to NIOSH for their responses. The goal would be to bring the fourth set to closure at the next meeting, and begin the resolution process on the fifth set.

Ms. Behling reported she was planning to conduct the conference calls with the two-member Board teams to address the sixth set of reviews by the week of February 18th. A draft report will be provided thereafter.

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Blind Review Protocol

Mr. Griffon remarked that over the past year many comments have been made about the need to do the blind reviews called for in the original scope of work. The issue of figuring out how to go about that still remained.

He observed that it would make sense for the subcommittee to work with NIOSH to select a case for such a review. However, the subcommittee operates in a public forum and the case should go to SC&A in a de-identified state.

Discussion followed addressing exactly what is wanted from a blind review, how to go about it, et cetera.

Discussion Points:

- There are two approaches to be considered, depending on what information is sought.
- One approach would be to have SC&A reconstruct dose, using their sensibilities, skill sets and resources, based on the raw data provided.
- An alternative approach is to reconstruct dose using NIOSH workbooks, tools and procedures.
- A third option would be to do both.
- It is highly unlikely the precise result would be achieved, no matter the method.
- Recognizing there are differences in the approaches, what is an acceptable difference in results.
- If the NIOSH approach is used, the result should be very close.
- There are options available in the NIOSH approaches, so there will be variables based on subjective selection of guidance documents.
- Some of the NIOSH tools are quite sophisticated and could mean additional training will be required for SC&A personnel.
- NIOSH offered their help in providing whatever information SC&A needs, noting either approach brings useful information.
- A blind reconstruction starting with raw data and using professional judgment, et cetera goes more toward whether there's another way of doing the work, which would be of interest to NIOSH.
- Perhaps some time should be spent in deciding exactly what is wanted from a blind review.
- The Board's function, as defined by the Charter, was read into the record.
- SC&A will also have the opportunity to come back to the Board if they feel a case selected for blind review is not appropriate for that purpose.
- The Board's own resolution process is available to determine whether differing results are really so different, given tools used and options available.
- Blind review of AWE sites should not be ruled out simply because the level of exposure information available is not the same.
- The underlying premise in the development of NIOSH's tools and approaches used is to provide consistency in how they go about their business.

- The degree to which the process of engaging in a blind review will help bring closure to some of the many technical issues currently under discussion related to site profiles and/or SECs is another facet to be considered.
- There will have to be some baseline information provided, probably the claimant file without the NIOSH DR report.
- It should be remembered a claimant may appeal a decision based on application of methodology, but they cannot question the methodology itself, which was developed from the law and the regulations that have been commented on and reviewed.
- While NIOSH is interested in whether there may be another way of going about the work, trying to prove the established methodology wrong will cause some legal issues.

Dr. Paul Ziemer, Chairman of the ABRWH, remarked that the parameters must be identified so that a list of cases may be provided to select from that gives no specifics other than those parameters. He also noted that, regardless of how the blind review is done, the resulting number will be different. The ultimate criteria is whether the number would change the compensation decision. If it does, what's being done has to be examined. If not, that's the ultimate focal point.

Mr. Griffon explained his goal is to develop a written protocol for the blind review. Based on today's discussion, he indicated he would draft something he would bring to the next meeting for further discussion.

Dr. Wade offered it would also be valid to ask if the blind review result raised concerns relative to scientific validity or quality of the dose reconstruction.

Ms. Wanda Munn opined that cases previously reviewed were not necessarily taken out of the pool of availability for blind review.

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Mr. Griffon suggested another issue for subcommittee discussion is the difference in the scope of work for basic and advanced reviews. He commented he believed some components of the advanced review had not been addressed in reviews to date. Conversely, there may be some detail in the reviews which can be eliminated, such as line by line calculations by SC&A of the NIOSH-prepared IREP input sheets.

Dr. Wade agreed to capture the issue as an agenda item for the next subcommittee meeting.

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With no further business to come before the subcommittee, the meeting was adjourned at 11:24 a.m.

End of Summary Minutes

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I hereby confirm these Summary Minutes are accurate, to the best of my knowledge.

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Mark Griffon, Chair

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Date